

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

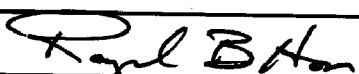
Total Number of Pages in This Submission

| | |
|--|------------------------|
| Application Number | 10/659,804 |
| Filing Date | September 11, 2003 |
| First Named Inventor | Busch-Sorensen, Thomas |
| Art Unit | 2685 |
| Examiner Name | Pablo N. Tran |
| Total Number of Pages in This Submission | 46 |
| Attorney Docket Number | 014801-001720US |

ENCLOSURES (Check all that apply)

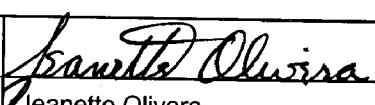
| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) |
| <input type="checkbox"/> Extension of Time Request | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |
| <input type="checkbox"/> Express Abandonment Request | | |
| <input checked="" type="checkbox"/> Information Disclosure Statement | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature |  | | |
| Printed name | Raymond B. Hom | | |
| Date | Apr 7, 2006 | Reg. No. | 44,773 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being electronically transmitted to the Patent and Trademark Office via EFS-Web on April 7, 2006.

| | |
|-----------------------|---|
| Signature |  |
| Typed or printed name | Jeanette Olivera |
| | Date <u>April 7, 2006</u> |

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130)

| Complete if Known | |
|----------------------|------------------------|
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| Art Unit | 2685 |
| Attorney Docket No. | 014801-001720US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|----------|-------------|----------|------------------|----------|
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity | |
|--|--------------|----------|---------------|--------------|----------|
| | | | | Fee (\$) | Fee (\$) |
| | -20 or HP = | x | = | 50 | 25 |
| HP = highest number of total claims paid for, if greater than 20 | | | | 200 | 100 |
| | -3 or HP = | x | = | 360 | 180 |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

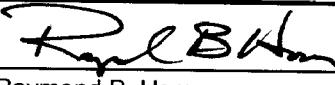
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer 130

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. 44,773 (Attorney/Agent) | Telephone 858-350-6100 |
| Name (Print/Type) | Raymond B. Hom | | Date Apr 7, 2006 |

**Duplicate
For Fee Processing**

PTO/SB/17 (01-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEET TRANSMITTAL
For FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

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 under 37 CFR 1.16 and 1.17

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| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|---------------------|-----------------|---------------------|-----------------|-------------------------|-----------------|-----------------------|
| | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
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Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> | |
|--|---------------------|-----------------|----------------------|---------------------|-----------------|
| | | | | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| -20 or HP = | x | = | | 50 | 25 |
| HP = highest number of total claims paid for, if greater than 20 | | | | 200 | 100 |
| Indep. Claims | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | 360 | 180 |

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
|---|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| | | | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| -3 or HP = | x | = | | | |
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| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
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130

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 44,773 | Telephone 858-350-6100 |
| Name (Print/Type) | Raymond B. Hom | | Date Apr 7, 2006 |